

AMENDED IN ASSEMBLY APRIL 14, 2011

AMENDED IN ASSEMBLY MARCH 29, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 714

Introduced by Assembly Member Atkins

February 17, 2011

An act to amend Section 127420 of, and to add Sections 104164, 120971.5, and 120971.6 to, the Health and Safety Code, to add Sections 12693.78, 12693.79, 12698.45, 12734, and 12739.615 to the Insurance Code, and to add Sections 14029.9 and 14105.182 to the Welfare and Institutions Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 714, as amended, Atkins. Health care coverage: California Health Benefit Exchange.

Existing law, the federal Patient Protection and Affordable Care Act, requires each state to, by January 1, 2014, establish an American Health Benefit Exchange that makes available qualified health plans to qualified individuals and employers. Existing state law establishes the California Health Benefit Exchange within state government, specifies the powers and duties of the board governing the Exchange relative to determining eligibility for enrollment in the Exchange and arranging for coverage under qualified health plans, and requires the board to facilitate the purchase of qualified health plans through the Exchange by qualified individuals and small employers by January 1, 2014.

Existing law establishes a program for the treatment of breast and cervical cancer, administered by the State Department of Health Care Services. Existing law provides specified health care coverage to eligible

individuals under the Healthy Families Program, the Access for Infants and Mothers Program, the California Major Risk Medical Insurance Program, and the Federal Temporary High Risk Pool, which are administered by the Managed Risk Medical Insurance Board. Existing law provides specified health care coverage to eligible individuals under the Medi-Cal program and the Family PACT program, which are administered by the State Department of Health Care Services. Existing law provides specified health care coverage to ~~specified~~ individuals under the AIDS Drug Assistance Program (ADAP) and the federal Ryan White HIV/AIDS Treatment Extension Act of 2009, *which are administered by the State Department of Public Health*. Existing law provides for the regulation and licensure of hospital facilities by the State Department of Public Health.

This bill would, until June 30, 2013, require the State Department of Health Care Services, *the State Department of Public Health*, and the Managed Risk Medical Insurance Board, *respectively*, to disclose information on health care coverage through the California Health Benefit Exchange to every individual who has ceased to be enrolled under the programs described above, except that, with respect to the ~~breast and cervical~~ cancer treatment program, the Family PACT program, and the programs for treatment of HIV/AIDS, the disclosure would be made to each enrollee. ~~On~~ *The bill would require certain hospitals, when billing, to include additional disclosures regarding health care coverage through the Exchange.*

~~On~~ and after January 1, 2013, ~~the~~ *this* bill would require the ~~department~~ *State Department of Health Care Services* and the board to provide to the Medi-Cal program and to the California Health Benefit Exchange information on every individual who has ceased to be enrolled under those programs, ~~program, and the programs for treatment of HIV/AIDS~~, except the cancer treatment *program, the* Family PACT *program*, and the programs for treatment of HIV/AIDS, for purposes of enrolling those individuals in the Exchange, and to disclose that enrollment to those individuals. The bill would require an entity providing services or treatment under the cancer treatment program, the Family PACT program, and the programs for treatment of HIV/AIDS, to provide certain information regarding each enrollee to the ~~department~~ *State Department of Health Care Services or the State Department of Public Health*, as specified, and would require the ~~department~~ *departments* to provide that information to the Exchange and to the Medi-Cal program, *for purposes of enrolling those individuals*

in the Exchange. The bill would require certain hospitals, when billing, to include additional disclosures regarding health care coverage through the Exchange. The bill would make the automatic enrollment of those individuals in the Exchange subject to the State Department of Health Care Services, the State Department of Public Health, and the Managed Risk Medical Insurance Board receiving approval from the United States Department of Health and Human Services to transfer the minimum information necessary to initiate an application for enrollment, as specified. The bill would allow an individual who has been enrolled in the Exchange by the departments or the board to opt out of that coverage in writing to the Exchange.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 104164 is added to the Health and Safety
2 Code, to read:
3 104164. (a) Effective January 1, 2012, to June 30, 2013,
4 inclusive, every individual receiving services or treatment for
5 cancer under this chapter shall be provided the following notice:
6
7 “Effective January 1, 2014, you may be eligible for reduced-cost,
8 comprehensive health care coverage through the California Health
9 Benefit Exchange. If your income is low, you may be eligible for
10 no-cost coverage through Medi-Cal. For more information, please
11 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
12 telephone number).”
13
14 (b) Effective July 1, 2013, every individual receiving services
15 or treatment under this chapter shall be provided the following
16 notice:
17
18 “Because you are enrolled in a cancer screening or treatment
19 program, an application for health care coverage through the
20 California Health Benefit Exchange will be made for you. Coverage
21 will not be effective until January 1, 2014. You are not required
22 to accept coverage from the Exchange. Your payment for coverage
23 will be based on your income last year. If you make significantly
24 less or more this year than you made last year, please tell the

1 California Health Benefit Exchange and your charges will be based
2 on your current income. If your income is low, you may qualify
3 for no-cost coverage through Medi-Cal. For more information,
4 check www.healthcare.ca.gov or call 1-888-Healthhelp (insert
5 telephone number).”
6

7 (c) (1) ~~Effective—~~*To maximize the number of individual*
8 *Californians complying with the requirements of the federal Patient*
9 *Protection and Affordable Care Act (Public Law 111-148) by*
10 *obtaining coverage consistent with the provisions of federal law,*
11 *the department shall seek approval from the United States*
12 *Department of Health and Human Services to transfer the minimum*
13 *information necessary to initiate an application for enrollment*
14 *under this section consistent with Section 100503 of the*
15 *Government Code.*

16 (2) *Effective* January 1, 2013, every entity providing services
17 or treatment under this chapter shall provide to the department the
18 name, address, and other information of each enrollee as required
19 by the department. The department shall provide the information
20 to the Exchange and to the Medi-Cal program so that eligibility
21 may be determined and enrollment completed.

22 ~~(2)~~
23 (3) The information to the Exchange shall ~~constitute~~ *initiate* an
24 application for enrollment in coverage within the meaning of
25 Section 100503 of the Government Code.

26 (d) The individual shall have the opportunity to decline health
27 care coverage pursuant to this section by notifying the Exchange
28 in writing.

29 SEC. 2. Section 120971.5 is added to the Health and Safety
30 Code, to read:

31 120971.5. (a) Effective January 1, 2012, to June 30, 2013,
32 inclusive, every individual receiving care or services under the
33 AIDS Drug Assistance Program (ADAP), as provided in Section
34 120950 shall be provided the following notice:

35
36 “Effective January 1, 2014, you may be eligible for reduced-cost,
37 comprehensive health care coverage through the California Health
38 Benefit Exchange. If your income is low, you may be eligible for
39 no-cost coverage through Medi-Cal. For more information, please

1 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
2 telephone number).”

3
4 (b) Effective July 1, 2013, every individual receiving care or
5 services under ~~(ADAP)~~ ADAP as provided in Section 120950 shall
6 be provided the following notice:

7
8 “Because you are enrolled in ~~the California ADAP~~ a public
9 health program, an application for health care coverage through
10 the California Health Benefit Exchange will be made for you.
11 Coverage will not be effective until January 1, 2014. You are not
12 required to accept coverage from the Exchange. Your payment for
13 coverage will be based on your income last year. If you make
14 significantly less or more this year than you made last year, please
15 tell the California Health Benefit Exchange and your charges will
16 be based on your current income. If your income is low, you may
17 qualify for no-cost coverage through Medi-Cal. For more
18 information, check www.healthcare.ca.gov or call 1-888-Healthhelp
19 (insert telephone number).”

20
21 (c) (1) ~~Effective—~~ *To maximize the number of individual*
22 *Californians complying with the requirements of the federal Patient*
23 *Protection and Affordable Care Act (Public Law 111-148) by*
24 *obtaining coverage consistent with the provisions of federal law,*
25 *the State Department of Public Health shall seek approval from*
26 *the United States Department of Health and Human Services to*
27 *transfer the minimum information necessary to initiate an*
28 *application for enrollment under this section consistent with*
29 *Section 100503 of the Government Code.*

30 (2) *Effective January 1, 2013, every entity providing services*
31 *or treatment under ~~(ADAP)~~ ADAP as provided in Section 120950*
32 *shall provide to the ~~department~~ State Department of Public Health*
33 *the name, address, and other information of each enrollee as*
34 *required by the department. The information provided shall be*
35 *provided consistent with Section 120980. The department shall*
36 *provide the information to the Exchange and to the Medi-Cal*
37 *program so that eligibility may be determined and enrollment*
38 *completed.*

39 (2)

1 (3) The information provided to the Exchange shall ~~constitute~~
2 *initiate* an application for enrollment in coverage within the
3 meaning of Section 100503 of the Government Code.

4 (d) The individual shall have the opportunity to decline health
5 care coverage pursuant to this section by notifying the Exchange
6 in writing.

7 SEC. 3. Section 120971.6 is added to the Health and Safety
8 Code, to read:

9 120971.6. (a) Effective January 1, 2012, to June 30, 2013,
10 inclusive, every individual receiving care or services under the
11 federal Ryan White HIV/AIDS Treatment Extension Act of 2009
12 (Public Law 111-187) shall be provided the following notice:

13
14 “Effective January 1, 2014, you may be eligible for reduced-cost,
15 comprehensive health care coverage through the California Health
16 Benefit Exchange. If your income is low, you may be eligible for
17 no-cost coverage through Medi-Cal. For more information, please
18 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
19 telephone number).”

20
21 (b) Effective July 1, 2013, every individual receiving care or
22 services under the federal Ryan White HIV/AIDS Treatment
23 Extension Act of 2009 (Public Law 111-187) shall be provided
24 the following notice:

25
26 “Because you are enrolled in ~~the Ryan White~~ *a public health*
27 program, an application for health care coverage through the
28 California Health Benefit Exchange will be made for you. Coverage
29 will not be effective until January 1, 2014. You are not required
30 to accept coverage from the Exchange. Your payment for coverage
31 will be based on your income last year. If you make significantly
32 less or more this year than you made last year, please tell the
33 California Health Benefit Exchange and your charges will be based
34 on your current income. If your income is low, you may qualify
35 for no-cost coverage through Medi-Cal. For more information,
36 check www.healthcare.ca.gov or call 1-888-Healthhelp (insert
37 telephone number).”

38
39 (c) (1) ~~Effective—~~ *To maximize the number of individual*
40 *Californians complying with the requirements of the federal Patient*

1 *Protection and Affordable Care Act (Public Law 111-148) by*
2 *obtaining coverage consistent with the provisions of federal law,*
3 *the State Department of Public Health shall seek approval from*
4 *the United States Department of Health and Human Services to*
5 *transfer the minimum information necessary to initiate an*
6 *application for enrollment under this section consistent with*
7 *Section 100503 of the Government Code.*

8 (2) Effective January 1, 2013, every entity providing services
9 or treatment under the federal Ryan White HIV/AIDS Treatment
10 Extension Act of 2009 (Public Law 111-187) shall provide to the
11 ~~department~~ *State Department of Public Health* the name, address,
12 and other information of each enrollee as required by the
13 department. *The information provided shall be provided consistent*
14 *with Section 120980.* The department shall provide the information
15 to the Exchange and to the Medi-Cal program so that eligibility
16 may be determined and enrollment completed.

17 (2)

18 (3) The information provided to the Exchange shall ~~constitute~~
19 *initiate* an application for enrollment in coverage within the
20 meaning of Section 100503 of the Government Code.

21 (d) The individual shall have the opportunity to decline health
22 care coverage pursuant to this section by notifying the Exchange
23 in writing.

24 SEC. 4. Section 127420 of the Health and Safety Code is
25 amended to read:

26 127420. (a) Each hospital shall make all reasonable efforts to
27 obtain from the patient or his or her representative information
28 about whether private or public health insurance or sponsorship
29 may fully or partially cover the charges for care rendered by the
30 hospital to a patient, including, but not limited to, any of the
31 following:

32 (1) Private health insurance.

33 (2) Medicare.

34 (3) The Medi-Cal program, the Healthy Families Program, the
35 California Children's Services Program, or other state-funded
36 programs designed to provide health coverage.

37 (b) If a hospital bills a patient who has not provided proof of
38 coverage by a third party at the time the care is provided or upon
39 discharge, as a part of that billing, the hospital shall provide the

1 patient with a clear and conspicuous notice that includes all of the
2 following:

3 (1) A statement of charges for services rendered by the hospital.

4 (2) A request that the patient inform the hospital if the patient
5 has health insurance coverage, Medicare, Healthy Families,
6 Medi-Cal, or other coverage.

7 (3) A statement that if the consumer does not have health
8 insurance coverage, the consumer may be eligible for Medicare,
9 Healthy Families, Medi-Cal, California Childrens' Services
10 Program, or charity care. Effective January 1, 2013, the statement
11 shall include information about the availability of coverage through
12 the California Health Benefit Exchange and that such coverage
13 shall be available effective January 1, 2014.

14 (4) (A) A statement indicating how patients may obtain
15 applications for the Medi-Cal program and the Healthy Families
16 Program and that the hospital will provide these applications.
17 Effective January 1, 2013, the statement shall include information
18 about the availability of coverage through the California Health
19 Benefit Exchange and that such coverage shall be available
20 effective January 1, 2014. If the patient does not indicate coverage
21 by a third-party payer specified in subdivision (a), or requests a
22 discounted price or charity care then the hospital shall provide an
23 application for the Medi-Cal program, the Healthy Families
24 Program or other governmental program to the patient. This
25 application shall be provided prior to discharge if the patient has
26 been admitted or to patients receiving emergency or outpatient
27 care.

28 (B) Effective January 1, 2014, the California Health Benefit
29 Exchange shall be included as a government program under this
30 section, including for purposes of the notice and application
31 requirements under this subdivision.

32 (5) Information regarding the financially qualified patient and
33 charity care application, including the following:

34 (A) A statement that indicates that if the patient lacks, or has
35 inadequate, insurance, and meets certain low- and moderate-income
36 requirements, the patient may qualify for discounted payment or
37 charity care.

38 (B) The name and telephone number of a hospital employee or
39 office from whom or which the patient may obtain information

1 about the hospital's discount payment and charity care policies,
2 and how to apply for that assistance.

3 SEC. 5. Section 12693.78 is added to the Insurance Code, to
4 read:

5 12693.78. (a) Effective January 1, 2012, to June 30, 2013,
6 inclusive, every individual who ceases to be enrolled in the
7 program shall be provided the following notice:

8
9 “Effective January 1, 2014, you may be eligible for reduced-cost,
10 comprehensive health care coverage through the California Health
11 Benefit Exchange. If your income is low, you may be eligible for
12 no-cost coverage through Medi-Cal. For more information, please
13 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
14 telephone number).”

15
16 (b) Effective July 1, 2013, every individual who ceases to be
17 enrolled in the program shall be provided the following notice:

18
19 “Because you are no longer enrolled in the Healthy Families
20 Program, an application for health care coverage through the
21 California Health Benefit Exchange will be made for you. Coverage
22 will not be effective until January 1, 2014. You are not required
23 to accept coverage from the Exchange. Your payment for coverage
24 will be based on your income last year. If you make significantly
25 less or more this year than you made last year, please tell the
26 California Health Benefit Exchange and your charges will be based
27 on your current income. If your income is low, you may qualify
28 for no-cost coverage through Medi-Cal. For more information,
29 check www.healthcare.ca.gov or call 1-888-Healthhelp (insert
30 telephone number).”

31
32 (c) (1) ~~Effective—~~*To maximize the number of individual*
33 *Californians complying with the requirements of the federal Patient*
34 *Protection and Affordable Care Act (Public Law 111-148) by*
35 *obtaining coverage consistent with the provisions of federal law,*
36 *the board shall seek approval from the United States Department*
37 *of Health and Human Services to transfer the minimum information*
38 *necessary to initiate an application for enrollment under this*
39 *section consistent with Section 100503 of the Government Code.*

1 (2) *Effective* January 1, 2013, the board shall provide the name,
2 address, and other information regarding those individuals who
3 have ceased to be enrolled in the program to the Exchange and to
4 the Medi-Cal program so that eligibility may be determined and
5 enrollment completed.

6 (3) *The information provided to the Exchange shall initiate an*
7 *application for enrollment in coverage within the meaning of*
8 *Section 100503 of the Government Code.*

9 (d) The individual shall have the opportunity to decline health
10 care coverage pursuant to this section by notifying the Exchange
11 in writing.

12 SEC. 6. Section 12693.79 is added to the Insurance Code, to
13 read:

14 12693.79. Effective January 1, 2012, every individual enrolled
15 in the Healthy Families program shall be provided the following
16 notice:

17
18 “Effective January 1, 2014, if your parents or other family
19 members do not have health care coverage that costs less than 10%
20 of your income, your parents or other family members may be
21 eligible for reduced cost, comprehensive health care coverage
22 through the California Health Benefit Exchange. If your income
23 is low, you may be eligible for no-cost coverage through Medi-Cal.
24 For more information, please visit www.healthcare.ca.gov or call
25 1-888-Healthhelp (insert telephone number).”

26 SEC. 7. Section 12698.45 is added to the Insurance Code, to
27 read:

28 12698.45. (a) Effective January 1, 2012, to June 30, 2013,
29 inclusive, every individual who ceases to be enrolled in the
30 program shall be provided the following notice:

31
32 “Effective January 1, 2014, you may be eligible for reduced-cost,
33 comprehensive health care coverage through the California Health
34 Benefit Exchange. If your income is low, you may be eligible for
35 no-cost coverage through Medi-Cal. For more information, please
36 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
37 telephone number).”

38
39 (b) Effective July 1, 2013, every individual who ceases to be
40 enrolled in the program shall be provided the following notice:

1
2 “Because you are no longer enrolled in AIM (Access for Infants
3 and Mothers Program), an application for health care coverage
4 through the California Health Benefit Exchange will be made for
5 you. Coverage will not be effective until January 1, 2014. You are
6 not required to accept coverage from the Exchange. Your payment
7 for coverage will be based on your income last year. If you make
8 significantly less or more this year than you made last year, please
9 tell the California Health Benefit Exchange and your charges will
10 be based on your current income. If your income is low, you may
11 qualify for no-cost coverage through Medi-Cal. For more
12 information, check www.healthcare.ca.gov or call 1-888-Healthhelp
13 (insert telephone number).”

14
15 (c) (1) ~~Effective~~—*To maximize the number of individual*
16 *Californians complying with the requirements of the federal Patient*
17 *Protection and Affordable Care Act (Public Law 111-148) by*
18 *obtaining coverage consistent with the provisions of federal law,*
19 *the board shall seek approval from the United States Department*
20 *of Health and Human Services to transfer the minimum information*
21 *necessary to initiate an application for enrollment under this*
22 *section consistent with Section 100503 of the Government Code.*

23 (2) *Effective* January 1, 2013, the board shall provide the name,
24 address, and other information regarding those individuals who
25 have ceased to be enrolled in the program to the Exchange and to
26 the Medi-Cal program so that eligibility may be determined and
27 enrollment completed.

28 (2)

29 (3) The information provided to the Exchange shall ~~constitute~~
30 *initiate* an application for enrollment in coverage within the
31 meaning of Section 100503 of the Government Code.

32 (d) The individual shall have the opportunity to decline health
33 care coverage pursuant to this section by notifying the Exchange
34 in writing.

35 SEC. 8. Section 12734 is added to the Insurance Code, to read:

36 12734. (a) Effective January 1, 2012, to June 30, 2013,
37 inclusive, every individual who ceases to be enrolled in the
38 program shall be provided the following notice:
39

1 “Effective January 1, 2014, you may be eligible for reduced-cost,
2 comprehensive health care coverage through the California Health
3 Benefit Exchange. If your income is low, you may be eligible for
4 no-cost coverage through Medi-Cal. For more information, please
5 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
6 telephone number).”

7
8 (b) Effective July 1, 2013, every individual who ceases to be
9 enrolled in the program shall be provided the following notice:

10
11 “Because you are no longer enrolled in the California Major
12 Risk Medical Insurance Program, an application for health care
13 coverage through the California Health Benefit Exchange will be
14 made for you. Coverage will not be effective until January 1, 2014.
15 You are not required to accept coverage from the Exchange. Your
16 payment for coverage will be based on your income last year. If
17 you make significantly less or more this year than you made last
18 year, please tell the California Health Benefit Exchange and your
19 charges will be based on your current income. If your income is
20 low, you may qualify for no-cost coverage through Medi-Cal. For
21 more information, check www.healthcare.ca.gov or call
22 1-888-Healthhelp (insert telephone number).”

23
24 (c) (1) ~~Effective—To maximize the number of individual~~
25 *Californians complying with the requirements of the federal Patient*
26 *Protection and Affordable Care Act (Public Law 111-148) by*
27 *obtaining coverage consistent with the provisions of federal law,*
28 *the board shall seek approval from the United States Department*
29 *of Health and Human Services to transfer the minimum information*
30 *necessary to initiate an application for enrollment under this*
31 *section consistent with Section 100503 of the Government Code.*

32 (2) Effective January 1, 2013, the board shall provide the name,
33 address, and other information regarding those individuals who
34 have ceased to be enrolled in the program to the Exchange and to
35 the Medi-Cal program so that eligibility may be determined and
36 enrollment completed.

37 ~~(2)~~

38 (3) The information provided to the Exchange shall ~~constitute~~
39 *initiate* an application for enrollment in coverage within the
40 meaning of Section 100503 of the Government Code.

1 (d) The individual shall have the opportunity to decline health
2 care coverage pursuant to this section by notifying the Exchange
3 in writing.

4 SEC. 9. Section 12739.615 is added to the Insurance Code, to
5 read:

6 12739.615. (a) Effective January 1, 2012, to June 30, 2013,
7 inclusive, every individual who ceases to be enrolled in the
8 program shall be provided the following notice:

9
10 “Effective January 1, 2014, you may be eligible for reduced-cost,
11 comprehensive health care coverage through the California Health
12 Benefit Exchange. If your income is low, you may be eligible for
13 no-cost coverage through Medi-Cal. For more information, please
14 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
15 telephone number).”

16
17 (b) Effective July 1, 2013, every individual who ceases to be
18 enrolled in the program shall be provided the following notice:

19
20 “Because you are no longer enrolled in the Federal Temporary
21 High Risk Pool, an application for health care coverage through
22 the California Health Benefit Exchange will be made for you.
23 Coverage will not be effective until January 1, 2014. You are not
24 required to accept coverage from the Exchange. Your payment for
25 coverage will be based on your income last year. If you make
26 significantly less or more this year than you made last year, please
27 tell the California Health Benefit Exchange and your charges will
28 be based on your current income. If your income is low, you may
29 qualify for no-cost coverage through Medi-Cal. For more
30 information, check www.healthcare.ca.gov or call 1-888-Healthhelp
31 (insert telephone number).”

32
33 (c) (1) ~~Effective—~~*To maximize the number of individual*
34 *Californians complying with the requirements of the federal Patient*
35 *Protection and Affordable Care Act (Public Law 111-148) by*
36 *obtaining coverage consistent with the provisions of federal law,*
37 *the board shall seek approval from the United States Department*
38 *of Health and Human Services to transfer the minimum information*
39 *necessary to initiate an application for enrollment under this*
40 *section consistent with Section 100503 of the Government Code.*

1 (2) *Effective* January 1, 2013, the board shall provide the name,
2 address, and other information regarding those individuals who
3 have ceased to be enrolled in the program to the Exchange and to
4 the Medi-Cal program so that eligibility may be determined and
5 enrollment completed.

6 ~~(2)~~

7 (3) The information provided to the Exchange shall ~~constitute~~
8 *initiate* an application for enrollment in coverage within the
9 meaning of Section 100503 of the Government Code.

10 (d) The individual shall have the opportunity to decline health
11 care coverage pursuant to this section by notifying the Exchange
12 in writing.

13 SEC. 10. Section 14029.9 is added to the Welfare and
14 Institutions Code, to read:

15 14029.9. (a) Effective January 1, 2012, to June 30, 2013,
16 inclusive, every individual who ceases to be enrolled in the
17 Medi-Cal program shall be provided the following notice:

18
19 “Effective January 1, 2014, you may be eligible for reduced-cost,
20 comprehensive health care coverage through the California Health
21 Benefit Exchange. If your income is low, you may be eligible for
22 no-cost coverage through Medi-Cal. For more information, please
23 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
24 telephone number).”

25
26 (b) Effective July 1, 2013, every individual who ceases to be
27 enrolled in the Medi-Cal program shall be provided the following
28 notice:

29
30 “Because you are no longer enrolled in Medi-Cal, an application
31 for health care coverage through the California Health Benefit
32 Exchange will be made for you. Coverage will not be effective
33 until January 1, 2014. You are not required to accept coverage
34 from the Exchange. Your payment for coverage will be based on
35 your income last year. If you make significantly less or more this
36 year than you made last year, please tell the California Health
37 Benefit Exchange and your charges will be based on your current
38 income. If your income is low, you may qualify for no-cost
39 coverage through Medi-Cal. For more information, check

1 www.healthcare.ca.gov or call 1-888-Healthhelp (insert telephone
2 number).”

3
4 (c) (1) ~~Effective~~—*To maximize the number of individual*
5 *Californians complying with the requirements of the federal Patient*
6 *Protection and Affordable Care Act (Public Law 111-148) by*
7 *obtaining coverage consistent with the provisions of federal law,*
8 *the department shall seek approval from the United States*
9 *Department of Health and Human Services to transfer the minimum*
10 *information necessary to initiate an application for enrollment*
11 *under this section consistent with Section 100503 of the*
12 *Government Code.*

13 (2) *Effective* January 1, 2013, the department shall provide the
14 name, address, and other information regarding those individuals
15 who have ceased to be enrolled in the Medi-Cal program to the
16 Exchange so that eligibility may be determined and enrollment
17 completed.

18 ~~(2)~~

19 (3) The information provided to the Exchange shall ~~constitute~~
20 *initiate* an application for enrollment in coverage within the
21 meaning of Section 100503 of the Government Code.

22 (d) The individual shall have the opportunity to decline health
23 care coverage pursuant to this section by notifying the Exchange
24 in writing.

25 SEC. 11. Section 14105.182 is added to the Welfare and
26 Institutions Code, to read:

27 14105.182. (a) Effective January 1, 2012, to June 30, 2013,
28 inclusive, every individual receiving care or services under the
29 Family PACT program as provided in subdivision (aa) of Section
30 14132 shall be provided the following notice:

31
32 “Effective January 1, 2014, you may be eligible for reduced-cost,
33 comprehensive health care coverage through the California Health
34 Benefit Exchange. If your income is low, you may be eligible for
35 no-cost coverage through Medi-Cal. For more information, please
36 visit www.healthcare.ca.gov or call 1-888-Healthhelp (insert
37 telephone number).”

38
39 (b) Effective July 1, 2013, every individual receiving care or
40 services under the Family PACT program as provided in

1 subdivision (aa) of Section 14132 shall be provided the following
2 notice:

3
4 “Because you are enrolled in ~~the Family PACT~~ *a public health*
5 *program*, an application for health care coverage through the
6 California Health Benefit Exchange will be made for you. Coverage
7 will not be effective until January 1, 2014. You are not required
8 to accept coverage from the Exchange. Your payment for coverage
9 will be based on your income last year. If you make significantly
10 less or more this year than you made last year, please tell the
11 California Health Benefit Exchange and your charges will be based
12 on your current income. If your income is low, you may qualify
13 for no-cost coverage through Medi-Cal. For more information,
14 check www.healthcare.ca.gov or call 1-888-Healthhelp (insert
15 telephone number).”

16
17 (c) (1) ~~Effective—~~*To maximize the number of individual*
18 *Californians complying with the requirements of the federal Patient*
19 *Protection and Affordable Care Act (Public Law 111-148) by*
20 *obtaining coverage consistent with the provisions of federal law,*
21 *the department shall seek approval from the United States*
22 *Department of Health and Human Services to transfer the minimum*
23 *information necessary to initiate an application for enrollment*
24 *under this section consistent with Section 100503 of the*
25 *Government Code.*

26 (2) *Effective January 1, 2013, every entity providing services*
27 *or treatment under the program as provided in subdivision (aa) of*
28 *Section 14132 shall provide to the department the name, address,*
29 *and other information of each enrollee as required by the*
30 *department. The department shall provide the information to the*
31 *Exchange and to the Medi-Cal program so that eligibility may be*
32 *determined and enrollment completed.*

33 (2)
34 (3) ~~The information provided to the Exchange shall constitute~~
35 *initiate* an application for enrollment in coverage within the
36 meaning of Section 100503 of the Government Code.

- 1 (d) The individual shall have the opportunity to decline health
- 2 care coverage pursuant to this section by notifying the Exchange
- 3 in writing.

O